In preparation for the workgroup meetings this week, some items have emerged that appear to be in the domain of more than one workgroup. Allow me to provide some clarification on these items.

<u>Focus Groups</u>: The focus groups are one of the data collection activities; and will be conducted through the contract in place with MPHI/CRHOP. The methodological details (questions, format, etc) are within the purview of the Data Synthesis WG. Determining participants and assuring appropriate participation falls within the purview of the Community Interface group.

Key Informants: This activity actually spans all 3 workgroups to some degree, in that the methodological details will be handled by the Data Synthesis WG, the identification of the key informants falls with the Community Interface WG, and the topic of the key informant interviews will, at least in part, be based on the review and preliminary recommendations coming forth from the Models Development WG. The key informants are planned for early 2006.

Assessment of current health insurance and coverage environment: This activity falls within the purview of the Data Synthesis WG, with support coming from our colleagues at HMA. Support for this activity is included in the HMA subcontract. Some discussions from last year included this activity within the Plan Development WG. (Recall that the Plan Development WG was to be a 4th WG, but we have moved forward with 3 WGs, with the activities for the Plan Development WG being assumed within the other WGs.)

The Safety Net: I expect that the topic of the safety net will be raised at various WGs and Committee meetings. Although the focus of the grant is on insurance coverage expansion, and not on expanding or strengthening the safety net, we will look at the implications on the safety net of the various coverage expansion models that are explored indepth. I anticipate that information requested by the Models Development WG on the safety net for this purpose will be directed as a data request to the Data Synthesis WG. Involvement from the MPCA on the Data WG, along with the MPCA involvement in the AHCC Safety Net subcommittee, should faciliate a smooth exchange of information and assure consistent terminology across the AHCC and SPG efforts.

Please let me know if additional clarification or discussion is needed on these issues. I expect additional issues will surface as we move forward on this initiative, and effective communication among staff and facilitators will assure that these issues are addressed appropriately and efficiently.

Thanks.

Lonnie David Barnett Planning and Access to Care Section Manager Health Policy, Regulation, and Professions Michigan Department of Community Health